



IAP04Rec'd PCT 09 JUL 2008

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PCT #

Pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

**FEE TRANSMITTAL**

for FY 2007

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 1300.00

## Complete if Known

Application Number	10/517,132
Filing Date	December 6, 2004
First Named Inventor	Shaily Verma
Examiner Name	Roberta A. Shand
Art Unit	2616
Attorney Docket No.	PU020265

## METHOD OF PAYMENT (check all that apply) CUSTOMER NUMBER: 24498

☐ Check ☐ Credit card ☐ Money Order ☐ None ☐ Other (please identify):☒ Deposit Account: Deposit Account Number 07-0832

Deposit Account Name: THOMSON LICENSING LLC

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below☐ Charge fee(s) indicated below, except for the filing fee☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17☒ Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

## FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)

## 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

## 2. EXCESS CLAIM FEES

## Fee Description

Each claim over 20 (including Reissues)

Each independent claim over 3 (including Reissues)

Multiple dependent claims

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
27	5	\$50	\$250.00

HP = highest number of total claims paid for, if greater than 20.

Independent Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
3	0	\$210	\$0

HP = highest number of independent claims paid for, if greater than 3.

## 3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
	- 100 =	/ 50 =	(round up to a whole number) x	=

## 4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): FEE FOR THREE MONTH EXTENSION - \$1050.00

FEE FOR 5 ADDITIONAL CLAIMS - \$250.00

Fees Paid (\$)

\$1300.00

07/11/2008

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## SUBMITTED BY UU DH

Name (Print/Type)	DANIEL E. SRAGOW	Registration No. (Attorney/Agent)	22,856	Telephone	(609) 734-6832
Signature					July 3, 2008

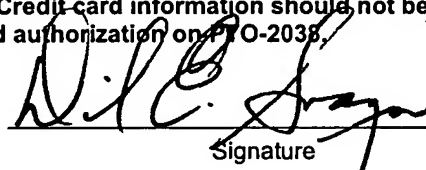
This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). <h1 style="margin: 0;">FEE TRANSMITTAL</h1> <h2 style="margin: 0;">for FY 2007</h2>		<b>Complete if Known</b>	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	10/517,132
		Filing Date	December 6, 2004
		First Named Inventor	Shaily Verma
		Examiner Name	Roberta A. Shand
		Art Unit	2616
<b>TOTAL AMOUNT OF PAYMENT</b> (\$) <b>1300.00</b>		Attorney Docket No.	PU020265

METHOD OF PAYMENT (check all that apply) <b>CUSTOMER NUMBER: 24498</b>	
<input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____	
<input checked="" type="checkbox"/> Deposit Account: Deposit Account Number <b>07-0832</b> Deposit Account Name: <b>THOMSON LICENSING LLC</b> For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments	
<b>WARNING:</b> Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.	

FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____
2. EXCESS CLAIM FEES							
Fee Description				Small Entity			
				Fee (\$)	Fee (\$)		
Each claim over 20 (including Reissues)				50	25		
Each independent claim over 3 (including Reissues)				210	100		
Multiple dependent claims				360	180		
Total Claims		Extra Claims	Fee (\$)	Fee Paid (\$)			
27		- 22 or HP = 5	x \$50	= \$250.00			
HP = highest number of total claims paid for, if greater than 20.							
Independent Claims		Extra Claims	Fee (\$)	Fee Paid (\$)			
3		- 3 or HP = 0	x \$210	= \$0			
HP = highest number of independent claims paid for, if greater than 3.							
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof		Fee (\$)	Fee Paid (\$)		
_____ - 100 = _____		/ 50 = _____ (round up to a whole number) x _____		= _____			
4. OTHER FEE(S)							
Non-English Specification, \$130 fee (no small entity discount)						Fees Paid (\$)	
Other (e.g., late filing surcharge): FEE FOR THREE MONTH EXTENSION - \$1050.00						_____	
FEE FOR 5 ADDITIONAL CLAIMS - \$250.00						\$1300.00	

SUBMITTED BY					
Name (Print/Type)	DANIEL E. SRAGOW	Registration No. (Attorney/Agent)	22,856	Telephone	(609) 734-6832
Signature				July 3, 2008	

<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b>		<b>Docket Number (Optional)</b> PU020265										
CUSTOMER NO.: 24498	In re Application of Shaily Verma et al.											
	Application Number 10/517,132	Filed 12/06/04										
	For INTERNETWORKING BETWEEN WLAN AND A MOBILE COMMUNICATIONS SYSTEM											
	Art Unit 2616	Examiner Roberta A. Shand										
<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and appropriate non-small-entity fee are as follows (check time period desired):</p> <table><tr><td><input type="checkbox"/> One month (37 CFR 1.17(a)(1))</td><td>\$ _____</td></tr><tr><td><input type="checkbox"/> Two months (37 CFR 1.17(a)(2))</td><td>\$ _____</td></tr><tr><td><input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))</td><td>\$ <u>1050.00</u></td></tr><tr><td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4))</td><td>\$ _____</td></tr><tr><td><input type="checkbox"/> Five months (37 CFR 1.17(a)(5))</td><td>\$ _____</td></tr></table> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ _____.</p> <p><input type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>07-0832</u>.</p> <p>I have enclosed a duplicate copy of this sheet.</p> <p>I am the <input type="checkbox"/> applicant/inventor.</p> <p><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71</p> <p>Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).</p> <p><input type="checkbox"/> attorney or agent of record. Registration Number _____</p> <p><input checked="" type="checkbox"/> attorney or agent under 37 CFR 1.34(a).</p> <p>Registration number if acting under 37 CFR 1.34(a). <u>22,856</u>.</p> <p><b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b></p>			<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$ _____	<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$ _____	<input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$ <u>1050.00</u>	<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$ _____	<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$ _____
<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$ _____											
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<input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$ <u>1050.00</u>											
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$ _____											
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$ _____											
07/11/2008 GFRE 1	00000027 070832 10517132											
02 FC:1253	1050.00 DA	July 3, 2008										
	Date											
	(609) 734-6832											
	Telephone Number											
		 Signature										
		DANIEL E. SRAGOW Typed or printed name										
<p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</p> <p><input checked="" type="checkbox"/> Total of 1 forms are submitted.</p>												

This collection of information is required by 37 CFR 1.136(a). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 6 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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